

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>19-242657</u>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1	1					51		
2		1		1			52		
3		1		1			53		
4		1		1			54		
5		1		1			55		
6		1		1			56		
7		2		1			57		
8		1		1			58		
9	1			1			59		
10	2			1			60		
11	1			1			61		
12	1			1			62		
13	1			1			63		
14	1			1			64		
15	1			1			65		
16	1			1			66		
17	1			1			67		
18	1			1			68		
19	1			1			69		
20	1			1			70		
21	1			1			71		
22	1			1			72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2		2				TOTAL IND.		
TOTAL DEP.	23	23	20	20			TOTAL DEP.		
TOTAL CLAIMS	25		24				TOTAL CLAIMS		